Instructor Development Course

A Self-Study Program for Short-Term Program Instructors

Revised January, 2007
State Division of Professional-Technical Education
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Acknowledgements

In 1990, the Nursing Assisting Instructor Development Course: A Self-Study Program for Short Term Program Instructors was developed in response to the need for a train-the trainer-type program as identified in the Omnibus Budget Reconciliation Act of 1987. This self-study program was developed with the primary instructor of post-secondary, professional-technical, short-term training programs for nursing assistants in mind.

The Idaho Division of Professional-Technical Education extends appreciation to those who contributed to the development of the original course of study:

- Cleve Taylor, Ph.D., University of Idaho, Boise Center

- Sandy Taylor, RN, Med., Boise School District, Career Health Occupations Program

- Rita Shelley, M.P.A., Doctoral Student, Adult Education, University of Idaho

Special appreciation is extended to Stephanie Fox for her efficient typing of the manuscript.

In 1992, it became apparent this type of course was needed by other instructors who have had little training in how to teach. Consequently, the original document was revised for usability by individuals who want to learn how to teach adults in any field or setting. Cooperative learning strategies were added as a practical teaching methodology. Special appreciation to Joyce Graves was extended for her contribution to typing the additions.

In 1996, after several years of facilitating the course and listening to learners who completed the modules, the Program Manager for Health Occupations in Idaho, Dr. Dorothy M. Witmer, Ed.D., RN., C., initiated a second revision. Short-term training coordinators who administered the course were contacted for input. The following people contributed suggestions that were integrated into the course:

- Charon Castanon, RN, MS, Past Director of Occupational Health, Community Home Health, Inc., Boise.

- Randy Goss RN, MS, Past Allied Health Coordinator, Lewis-Clark State College, Lewiston.

- Shirley Graybeal, RNC Past Staff Development, Treasure Valley Sub acute Care and Rehabilitation, Boise.
- Channel Meyers, RN, MN, Past Director of Health Education, Community Home Health, Inc. Boise.
- Bonita L. Wohlers, MS, RNC, Patient Care Provider, St. Luke's Regional Medical Center Home Care, Boise.

In 2006, the Allied Health Council consisting of representatives from the six Idaho State Professional-Technical schools determined the curriculum again required an update, instigating this third revision. The curriculum now includes new information regarding learning theory, including brain-based learning, multiple intelligences, updated technology in the classroom, and collaborative learning. The following people contributed suggestions that were integrated into the course:

- Linda Stricklin RN, MHS, PhD., Director Workforce Training, Lewis-Clark State College, Lewiston.
- Jill G Humble, MS Ed, NCC, RN, Workforce Training Center Educational Program Manager, Allied Health Center Manager, Selland College, Boise State University, Boise.

Introduction

There are eight Modules to this course. It is a directed study, in that you have activities for each module to complete and turn in to the teacher, but when you study is up to you. You have 8 weeks to finish the course from the date you receive the materials, you should at least move through one Module a week. You will be contacted by the 4th week if you have not turned in any assignments and may be dropped from the course with an incomplete or failing grade. __IT IS IMPORTANT YOU COMPLETE THE ASSIGNMENTS AND TURN THEM IN ON A REGULAR BASIS.__ **Your teacher has the right to refuse to grade all the assignments in the final (8th) week of your course!** It is a pass/fail course without an assigned letter grade. The intent is to provide you with information, skills, and tools to help you learn how to teach adults. There is supplemental information in the Appendices portion of this curriculum.

Each Module has a quiz and an activity, except Module 6 which has no quiz. You should read each Module, do the Quiz and then the Activity and turn your work into your teacher. You do not have to wait for the teacher to give you a grade before moving on to the next Module. When you sign up for the class you should be provided with the contact information for your teacher. There is bibliography at the end of this curriculum for your use.

Good luck with your class!

Program Purpose:

The purpose of this course is to provide you with basic information and skills that will help you work more effectively as an instructor of adult students. Objectives for each module are listed at the beginning of each module.

The Modules

The modules encompass major components of the teaching/learning processes.

Blended learning refers to a methodology that encompasses didactic classroom time provided through on-line, correspondence, or CD work combined with actual hands on skill training sessions for the psychomotor (skills) portion of the class. This class is an example of a blended learning class in that you will teach in an actual classroom setting for the final activity.

Traditional classroom refers to a methodology in which students attend all course work in a traditional classroom setting. The didactic material is presented through traditional classroom methodologies such as lecture, guided discussions, group work, etc.. Psychomotor skills are incorporated into the course at the appropriate points in the curriculum.

This instructor training course is considered a blended learning class as you will move through the didactic material provided in written form or on CD and will go to a classroom for an actual hands on demonstration of what you have learned in the class.

Module One discusses the characteristics of adult learners that need to be considered when facilitating a course.

Module Two provides information regarding communication, definitions, and skills.

Module Three gives information about learning styles and theories of learning and how adults learn best.

Module Four information contains definitions of teaching aids, their functions, characteristics, uses, and how to choose one for your lessons.

Module Five concerns teaching methodologies, lecture, directed discussion, demonstrations, practical exercises, cooperative learning groups and collaborative learning groups are included in this module.

Module Six information is regarding presentation styles, classroom behavior rules and tips for development of your teaching style.

Module Seven teaches how to plan teaching through the use of performance objectives, enabling objectives, and lesson plans.

Module Eight information describes the role of evaluation in a class and how to develop an effective plan for evaluation of your students' gains and of your program as a whole.

Performance Objectives:

Adult learners need to know what is expected from them with each lesson. Performance objectives provide specific information so adult learners know what exact information they are expected to learn. Additionally the performance objectives provide information regarding the performance expected for success in the course and evaluation methods that will be used to assess performance. You will learn more about performance objectives later in this course.

Module 1: The Adult Learner

Performance Objective for Module 1

Given information in the course regarding adults as student learners the student will describe the characteristics of an adult learner. The description will be considered successful if the student can correctly answer 80% or better of the questions on a written quiz at the end of the module and completes the activity at the end of the module.

Introduction

Teaching practices we learned as children were designed by adults who worked with children. Children have very little opportunity for input into subject matter or teaching methodology. If a child questions a teachers' authority they are often disciplined, ignored, or told they have to adhere to the rules. However, as adults, we are likely to resent doing things just because we are told to by an authority figure.

People who chose to teach adults may rely on the methods they learned as a child, with poor results. The most talented professional may have a wealth of information and knowledge to share, but without proper teaching methodologies are unable to bridge (pass the information to a student) to a student.

The purpose of this Module is to provide you as the student, awareness regarding differences between methodologies of teaching adults and children. You will receive information concerning assumptions about teaching children and how these assumptions can cause problems when working with adults.

Pedagogy versus Andragogy

The terms listed above are the names for the philosophy of teaching adults (andragogy) and the philosophy of teaching children (pedagogy). Andragogy is often attributed to Dr. Malcolm S. Knowles of the United States. The methods you learn in this course will include Dr. Knowles' concepts of andragogy combined with other learning theories. The first premise of an andragogical approach to education is the focus of education should be on students, not on teachers or information. The second premise is

that adult learners are self-directed. They are used to taking responsibility and accountability for their own actions and for the determination of their actions. This does not mean that every adult will be totally self-directed; some may need more help than others. The third premise is teachers of adults are facilitators of learning. This means they guide students through material as opposed to controlling students though a course. The responsibility for learning rests with the students, teachers encourage them to be independent and think for themselves. It is the teacher's responsibility of to make the process of learning easier for learners.

The andragogical approach to teaching may feel uncomfortable to you as the teacher at first. You have been indoctrinated through your childhood education to a different method. As you go through the rest of this course you will begin to appreciate how exciting teaching can be if you treat adults as adults. You may find you learn as much as you teach.

Adult Personalities

People are diverse with differing social backgrounds. Even so, there are similarities that can be assessed through various standardized evaluation tools. Two of these tools are explored below.

Keirsey Temperament Sorter

The Temperament Sorter was developed by Dr. David Keirsey who is a specialist in "personology." His tool is an attempt to help people understand their personality so as to increase cooperation and decrease conflicts with others. He has written several books to explain his theory and tools to use. You can find more information regarding Dr. Keirsey by visiting: http://en.wikipedia.org/wiki/Keirsey_Temperament_Sorter or by exploring his web page visit: www.keirsey.com

Dr. Keirsey's tool used questions through which individuals are analyzed by their answers. According to how one answers the questions they are placed in four different "Temperaments." The temperaments are: Rationales' (Albert Einstein, Margaret Thatcher); Idealists (Gandhi, Eleanor Roosevelt); Artisans (Barbara Streisand, Ernest Hemingway); and Guardians (Mother Teresa, George Washington). According to how strongly one scores in each section, their temperament is classified and analyzed on

strong/weak points. The tool is very helpful for insights regarding one's traits to provide a basis for personal understanding and assistance with relationships.

An example of how knowing a student's temperament might be the people who choose to become EMT's in general have temperaments that allow them to work in a high stress environment. It would benefit teachers of these adults to understand how their temperaments may affect preferred learning styles.

Myers-Briggs Typology Test

This test was developed by Isabel Myers in conjunction with her mother Katharine Briggs. Isabel had a Bachelor's degree in Political Science, and a innate desire to understand people and to help them work together. Isabel and Katharine developed their tool based on Jung's theories of human behaviors. Their tool sorts personality characteristics into categories through a series of questions. They named their categories typologies, instead of temperaments. Isabel felt people in health professions have a need to know their personality types to be effective in their positions. She felt this knowledge would help them understand where they would best fit into the health professions.

Personality types Myers and Briggs developed are: Extroversion; Sensing; Thinking; Judging; Introversion; Intuition; Feeling and: Perceiving. Personalities are categorized based on strength of individual traits, each personality type is evaluated and traits for each one are described. For more information on the Typologies please visit the following web page: http://www.humanmetrics.com/. There are several sites on the internet that purport to have the Myers-Briggs test. You can perform a search and follow links to see in which type your personality fits. There are other personality tests available, but most require more in-depth analysis for results and are not used routinely.

Change with Learning

Children are used to a lot of change that often occurs without their permission or involvement. Even though they may find change as unsettling as an adult, they are

expected to tolerate it. Adults often avoid change, seeking to establish order in their lives, trying to keep things the same as much as possible. Adults may learn to distrust and avoid change, even when change might improve their life. This fear of change is described in the adage, *"The certainty of misery is preferable TO the misery of uncertainty."*

The adult student is often reluctant to learn new ways of doing things without a clear understanding of how they will benefit. Adults need to have a part in planning the process of making change. In other words, adults are often skeptical and must be motivated to consider changing.

However, change is inevitable. Even the most structured and conservative of adults is always learning new things and adjusting behavior based on new learning. The rate of change and the amount of learning varies from person to person, but everyone learns and changes throughout life. Fear of the unknown is the biggest barrier to change. What we don't understand, and feel uncertain about cause's discomfort. It is common for people to avoid situations where they are not accomplished or knowledgeable.

Even though playing tennis is fun, it is hard to learn how to do it well. If a person fears appearing foolish, he or she may avoid learning to play tennis, and miss a great deal of enjoyment. Contrast this with many children and their approach to a new sport or game. They are used to learning new things and are less self-conscious about their

performance. They are interested in having fun and learning to do something that is interesting and entertaining.

Of course, each of us is different and our fear of change varies. Witness the increasing number of people who, after retirement, return to school to complete degrees. After decades of being out of the classroom, something motivates them to go back and join people, some of whom are young enough to be their grandchildren in search of a personal goal. Perhaps it is their very maturity that teaches them the value of setting personal egos aside so they can pursue life and learning with the vigor of a child. The prime motivation for adults to resume or continue their education happens when they perceive something of value in it for them. Adults must continually relate learning to their own needs. If their needs are not met, they will not learn or will go elsewhere to obtain their education.

Pedagogical classrooms make the teacher and information the center of attention. Teachers teach and students learn. The teacher delivers information and the student must master it or fail. There are few opportunities for discussion, as most learning is by rote memorization. The information may not be deeply ingrained for long term learning or transferred to other contextual settings. Learning how to take a blood pressure by rote memorization, in a classroom without context, is not conducive to a student who is able to take a blood pressure in the clinical area.

Andragogical, learner-centered classrooms focus on students. The teacher facilitates learning and relates what is taught to the student's experiences and needs. The emphasis is on application, context, integration, and understanding. Effective teachers of adults understand adults have needs to be self-directed, that is, to control the pace, amount, and type of learning they do. Adults want to be full partners in the process, not passive recipients of information.

Teaching adults is not about control, power and authority; it is about respect and mutual concern. Adults are aware of how they are valued by their teacher, as expressed by the attitude and behavior of their teacher.

Adult Characteristics

Adults are realistic; they are concerned that what they learn is practical and useful.

Adults must be motivated to learn, unlike children, adults want to know what is in it for them. Relatively immature learners (people who do not take much responsibility for their own learning), require external motivation by the teacher or circumstances. Personal goals motivate more mature learners.

- Adults prefer to learn by doing and do not respond well to sitting and listening for long periods of time, they want to perform or do tasks. The best approach to teaching adults is through experiential methods or by learning by doing.

- Adults need to tie new information with what they already know. This is why integrating what your students know is so important, isolated facts that do not relate to previous experiences will be lost.

- Adults have life experiences; they already know many things and have firm opinions and beliefs. They are less likely than children to accept what a teacher tells them without adequate proof or support.

- Adults have immediate and concrete needs. With all of the demands for their time and attention, adults generally have some very specific needs and objectives when they pursue educational activities.

- Adults are not a captive audience, with few exceptions, adult education is a voluntary arrangement, unlike compulsory education for school age children. Adults are in the classroom because they choose to be. If they do not get what they need or want, they may leave.

- Adults resent being talked down to. Regardless of teacher qualifications or credentials, most adults will not tolerate condescending behavior. Even though you are the teacher, if you approach adults as peers and equals, you will get more cooperation and respect.

- Adults enjoy recognition of their talents. Many teachers forget what a resource they have in the experience of their adult students. The best teacher of adults seeks to discover the talents, experiences and skills of their students and to integrate these into the instruction.

- Adult groups are more varied .than groups of children. Twenty first graders are more similar to each other than 12 people taking an EMT course.

- Adults learn as well and as quickly as children, with some minor exceptions, adults retain their ability to learn well throughout their lives. Active, older people often find they have acquired skills and strategies that allow them to master new information more rapidly than when they were younger. Also, adults are often more motivated to learn than are children, they work harder and take more responsibility for their education than when they were children.

- Adults come to the classroom with mixed motives. Adults are more psychologically complex than children and their motives are involved. Influencing adults in ways that may not be respectful of. an adult motivations may defeat effective learning. Adults are subject to more outside influences than children such as jobs, spouses, children, finances, etc.

- Adults are sometimes tired or distracted when they come to the classroom. Outside pressures will have a dramatic effect on the adult in the classroom. Many adults hold down full-time jobs and have families to deal with as they pursue their education. These pressures may produce fatigue, anxiety, and distractedness.

Levels/Categories of Learning

Educational researchers have categorized learning in to different levels. For example you need to know your address; this is factual, knowledge, or information learning. On the other extreme you may need to learn information to the level in which you can evaluate situations. You must internalize the information and be able to judge the value of material based on your personal values or opinions.

It is important to know at which level you want students to learn the material you are presenting. If it is simple knowledge, you will want to teach it differently than if you want them to internally incorporate it. The verb you use in a performance objective will give direction as to the type of learning required.

Knowledge or Information

A fact may be that you live at 123 Anywhere Street. This information means something to you. However, for a stranger who may not be from your town or does not know you, the information does not have meaning. The information requires a context to be useful. Another example might be information or knowledge of the symptoms of an asthma attack. Without the contextual knowledge surrounding the symptoms regarding the onset of the attack, the information alone will not be very helpful to a health care provider. Verbs that might be used for knowledge level learning in a performance objective are: define, describe, enumerate, identify, label, list, match, name, read, record, reproduce, select, state, or view.

The next categorization of the level of learning deals with applied learning, or putting information to work to address known problems or needs. Simply knowing how to add and subtract does not mean one knows how to count change out to a customer. The information is not useful unless it is tied into a contextual situation. Trivia information is often times information without applications, it may be very interesting but

not very helpful for solving problems. Bloom's Taxonomy of Education categorizes

applied learning into two following levels.

Comprehension

If you are teaching information students need to comprehend or understand, you will

want to teach at the comprehension level. You may want a student to comprehend the

pathology behind an asthma attack.

Verbs that might be used for comprehension level learning in a performance

objective may be: classifies, cites, converts, describes, discusses, estimates, explains,

generalizes, gives examples, makes sense out of, paraphrases, restates (in own words),

summarizes, traces, understands.

Application

Information you want the students to learn at the application level is information

they will be able to use in concrete situations to solve problems that have a best answer.

To continue with the example of an asthma attack, the student will have the knowledge of

the symptoms of an attack, they may have the comprehension of the pathology behind the

attack, but you want a responder/care taker to be able to make a plan of treatment

decision at the application level.

Verbs that might be used for application level learning in a performance objective may

be: acts, administers, articulates, assesses, charts, collects, computes, constructs,

contributes, controls, determines, develops, discovers, establishes, extends, implements,

includes, informs, instructs, operationalizes, participates, predicts, prepares, preserves,

produces, projects, provides, relates, reports, shows, solves, teaches, transfers, uses,

utilizes.

The next levels of learning may be called creative learning. Here students move beyond the application of information and creates or generalizes knowledge in a variety of situations.

Analysis

Information learned at this level can be broken down into component parts; examined; and divergent conclusions and inferences reached through identification of motives or causes.

Verbs that might be used in a performance objective at this level might be: breaks down, correlates, diagrams, differentiates, discriminates, distinguishes, focuses, illustrates, infers, limits, outlines, points out, prioritizes, recognizes, separates, or subdivides.

Synthesis

At this level, information can be creatively applied to knowledge to produce a new or original whole. Verbs that might be used in a performance objective at this level might be: adapts, anticipates, categorizes, collaborates, combines, communicates, compares, complies, composes, contrasts, creates, designs, devises, expresses, facilitates, formulates, generates, incorporates, individualizes, initiates, integrates, intervenes, models, modifies, negotiates, plans, progresses, rearranges, reconstructs, reinforces, reorganizes, revises, structures, substitutes, validates.

Evaluation

This is ranking the value of information based on personal values or opinions. The conclusions drawn have no real right or wrong answers. However, to be a valid evaluation the ranking must be performed using solid logic that can be defended. Verbs that might be used in a performance objective at this level might be: appraises, compares

& contrasts, concludes, criticizes, critiques, decides, defends, interprets, judges, justifies, reframes, and supports.

Domains for Educational Objectives

Learning can also be divided into domains.

- A cognitive domain deals with knowledge of facts. Informational theory or facts fall into this domain.

- The affective domain incorporates information into one's internal value system. It concerns feelings and emotions and the incorporation of knowledge or learning new information into a personal belief system.

- The psychomotor domain concerns motor skills. Many of the learning objectives in health care deal with the psychomotor domain, but without an affective or cognitive knowledge base to support performance of psychomotor skills errors in judgment may be made and unintentional injuries or harm may come to the patient.

Locus of Control-Internal or External Motivation

Adults are motivated to perform either internally or externally or through a combination of the two. It is helpful for the teacher to know which type of rewards help to motivate their students.

Internal motivation may be to meet basic needs, or for a sense of self-satisfaction. External motivation may be a pat on the back or a pay check. The perception of motivation factors depends upon the students' view of life. They may believe life circumstances are out of their control People who are externally motivated may believe that circumstances beyond their control determine the events in their lives. In other words, they believe in an external locus of control. Rewards that motivate people with external motivation include higher pay, commendations, and material objects. A person with the belief that control is external may blame other people or occurrences for the circumstances in which they live, both good and bad, and have trouble accepting responsibility for their contributions to problems.

People who are internally motivated may believe they have control over their life circumstances. They will be motivated to learn through internal gratification. They may

be known as a self-starter or proactive person. People with internal motivation believe they play a part in how their lives are lived and the decisions they make can change their circumstances.

The teacher can use information about students' locus of control by giving people with an external locus of control public recognitions like certificates of achievement. People with an internal locus of control will gain satisfaction from a job well done. These people will still appreciate a verbal praise, but are not entirely dependent upon that response for feeling good about doing a job or mastering a subject. Most people appreciate a recognition of their accomplishments, but the type of recognition may play a role in how motivated they remain in a class or course of study.
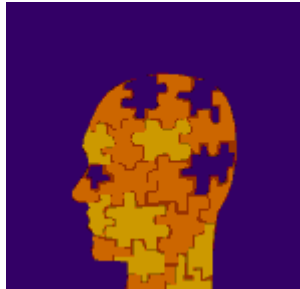
Right Brain versus Left Brain Learners

People tend to think and perceive with one dominant side of their brain. There are certain characteristics that a student may display according to which side of their brain is dominant.

Left brained people-

- Use words to describe and define
- Tend to be analytical and work out problems step by step
- Use symbols to represent thoughts or objects
- Think in the abstract
- Keep track of time and sequencing, temporal
- Draws conclusions based on reason and fact
- Use numbers like in counting
- Conclusions are based on logic and thinking is linear

Right brained people-

- Think with a minimal connection to words

- Put things together to form a whole

- Tend to be concrete and relate to the present

- Link items together by likenesses

- Do not track time

- Draws conclusions without requirements for a basis of fact

- Are spatial, sees items in relationships to other items

- Have leaps of insight based on feelings

- View situations as a whole, not linked items

It is helpful for the teacher to recognize that students' with certain characteristics may naturally think and learn differently to use differing techniques with which to teach them.

Hierarchy of Needs

Abraham Maslow, a psychologist, developed a model to describe what he believed to be the five basic human needs.   Dr. Maslow believed people must move through the stages from the bottom of the triangle up to the top. If lower level needs are not met, people become fixed at that level and are not be able to move upward. For example: if someone does not have enough food, they will remain at the first level of need. They cannot grow personally until that need is met.
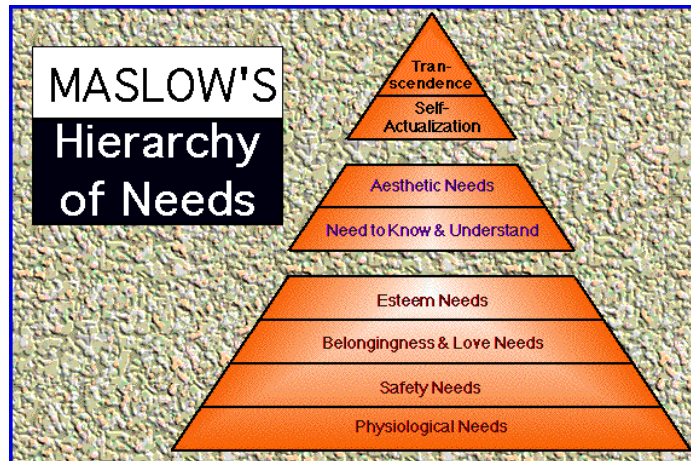
- The first needs are physiological. These are things like food, water, air, shelter, and sleep. Students who burn the candle from both ends may actually reduce learning ability through lack of meeting their basic needs. Also, the classroom environment must meet the basic physical needs of the students. If it is too cold or too hot students will be distracted and not learn as well.

- The second level of need is for safety and security. These needs can be met through providing a calm, accepting, safe environment for all students. Ground rules for behavior and acceptance must be established at the start of a class so students can feel safe and secure in the setting and concentrate on learning.

- The third level need is for love and belonging. When a student joins a class they need to feel socially accepted. If a classroom social group behaves immaturely or inappropriately problems can surface in learning. Teachers must be able to recognize social groups and act to help them to move forward with a positive motion. Development of a feeling of community among students will increase student motivation and learning.

- The fourth level is the need for self-esteem and self worth. Students may feel inadequate with all the new information and challenges of learning.   Sincere praise for accomplishments will help raise self esteem. It is important people feel valued.

- Self-actualization is the need to learn and realize one's full potential. Dr. Maslow felt very few people reach this stage.

The way you treat a student affects their behavior and reactions It is important to get off to a good start with students. Always introduce yourself and explain what students

can expect from the class you are about to teach. Allow the students choices in guiding learning.

Motivation

Motivation means having a desire or wanting to do something. A student is motivated to study when she knows exactly what it is she wants to learn. If you reflect back on a class you have been forced to take and was not really interested in; then think about the subject matter you remember from the class. Now, reflect back to a conversation or class in which you were interested, and how much information you retained from this experience. Compare this experience to the class that did not hold your interest. The difference is how much intrinsic (internal) motivation you had for retaining the information.

Psychologists have identified two types of motivation; intrinsic and extrinsic. Intrinsic motivation is internal. It exists when someone values the learning because of the value it holds to his needs or wants. Extrinsic motivation is provided through a secondary reward or reinforcement such as a pay check, rank in class, or recognitions. The old adage, "you can lead a horse to water, but you can't make him drink," is a fairly accurate analogy to the problem of student learning. If adult students are to learn, they must want to learn. Psychologists have studied the phenomenon of motivation in depth and generally agree that motivation is an important determination of what and how much an adult student will learn. However, there is little help for teachers in helping them recognize or change motivation in the student.

One model developed in the attempt to understand human behavior is called transactional analysis. This theory was developed by Dr. Eric Berne and popularized by Tom Harris in his book "I'm OK-Your OK." We will learn more about transactional analysis in the communication Module of this class. This theory is based on assumptions that each person is responsible for, and can control their own feelings, thoughts, and behaviors. The transactional portion of this theory is any thing that happens between people. Dr. Berne believed that each person has the need to be recognized by others. A

recognition from another is known as a stroke. Infants must have strokes (physical and verbal) to develop normally. A child who does not receive strokes will not develop normally; physically or mentally.

People seem to have a stroke reservoir that must be maintained for them to feel good about themselves. As with everything in life, different people have differing levels of need for strokes. Additionally, people seem to have an unconscious stroke counter, and in any encounter between two people they will automatically provide and receive the same amount of strokes per person.

A positive stroke is one that gives recognition that is direct, appropriate and relevant. There can be positive unconditional strokes or positive conditional strokes. Unconditional strokes are without strings, such as "I like you." There is no reason attached, simply the person likes you the assumption is because you are just you. Positive, unconditional strokes must be genuine, honest and straightforward. They are sometimes called warm fuzzies because they create a good feeling for the person who receives them. Actively listening to another is one way of giving a positive unconditional stroke. It allows one to hear the feelings of the other person as well as the words, and concentrates on their needs.

Positive conditional strokes are strokes that have strings attached. They are meant to modify another's behavior. An example might be: "If you continue to study so hard you will get an A on the next test." Also, I like your performance on the skill portion of that lesson. The like in this example is dependant upon the performance of the skill.

If people are not getting the positive strokes they need, they will settle for negative strokes. In fact some people can become quite adept at setting others up to give them negative strokes. They may have become used to getting negative attention. An unconditional negative stroke might be, "You are such a jerk (or moron)." There is no specific behavior associated with the stroke. A conditional negative stroke might be "You are stupid and really blew the test, you should have studied harder."

Adult students will be motivated through a complex set of internal factors. As the teacher you may not always know the motivation of your students, but by being aware of motivational issues you can help students be successful in your classes. It is helpful to provide students with the information about what they will get from each topic or lesson. A clearly defined objective will help students to find meaning in the material you want them to learn.

Principles you can use as a teacher will help strengthen your student's motivation:

1. Give students the goals and objectives to be achieved during the learning session. Motivation may be enhanced by presenting broad goals of learning followed by specific objectives.

2. Communicate to students what exactly they will be able to do with the new knowledge or skill. Emphasize the importance of why material is important and how it can be applied.

3. Make sure students are aware of their progress in the lesson or course. Adults need to know how they are doing in a class to reduce internal stress. Positive encouragement helps students move forward, whereas negative comments may hamper motivation.

4. Provide the content matter as practically and realistically as possible. Student motivation will increase if they see the practical value in the information in the lesson.

5. Provide contextual activities or situations, such as vignettes in which students can apply what they learn as soon as possible after a lecture or demonstration. It will strengthen motivation to provide an opportunity for immediate use.

6. Design learning experiences to reflect the balance between success and failure. Students should be encouraged to move a bit further and faster than they anticipate in a learning situation. However, this is a fine balance as a class that is too hard may cause the students to loose interest.

7. Recognize differences in cultures. Some cultures have differing contexts regarding education from yours. If this happens you may misperceive a student's motivation or educational ability level. If you misperceive a student, you may mismatch teaching practices detracting from their learning ability.

8. Develop a community within your class. Allow students to actively participate in class and own their learning. People who feel ownership will become more involved enhancing learning.

Module 1 Quiz

Fill in the blank(s) or mark the letter of the correct answer for each question below:

1. Andragogy is
        a. Theory of teaching children.
        b. Theory of teaching adults.
        c. A portion of transactional analysis.
        d. Related to Maslow's hierarchy.

2. The responsibility for the learning that occurs in an adult classroom rests with the:
        a. Teacher.
        b. Students.
        c. Facility.
        d. Curriculum.

3. Providing a breathing treatment for a patient who is having an asthma attack is an
        example of learning at the_____ level.
        a. Knowledge.
        b. Application.
        c. Comprehension.
        d. Analysis.

4. The address 1548 Smith Lane is an example of learning at the _____level.
        a. Knowledge.
        b. Comprehension.
        c. Application.
        d. Analysis.

5. Adults tend to avoid negative strokes since negative strokes may be uncomfortable.
        a. True.
        b. False.

6. The focus of adult education is on information to provide classes in as short of time as
        possible.
        a. True.
        b. False.

7. It is impossible for a teacher to have insight into what to expect from each student
   since people are so diverse.
   a. True.
   b. False.

8. The Meyer's Briggs test is so complex it is rarely used.
   a. True.
   b. False.

9. Adult students are mature and attend class because they want to and the teacher does
   not have to provide motivation for learning.
   a. True.
   b. False.

10. In an EMT course it is important to teach adults the facts, with theory so they can
    internalize the value.
    a. True.
    b. False.

11. Adult students need to know why information is important.
    a. True.
    b. False.

12. Adult students will often learn as quickly as a child.
    a. True.
    b. False.

13. The tendency toward concreteness in thinking and existing in the present are a
    normal for a left-brained person.
    a. True.
    b. False.

14. The bottom of the pyramid in Maslow's hierarchy is:
    a. Safety and belonging needs.
    b. Physiological needs.
    c. Self-esteem needs.
    d. Belongingness and love needs.

Module 1 Activity

       Answer each question with a short paragraph or two. Your answers should be type written or computer generated in at least font 12 using Times New Roman or Arial. You should email, mail or give your answer sheet to the teacher for each module as you finish it. Thank you for your work in this class. Please feel free to include any comments for improvement, or items that helped you through the course as you move through each activity.

1. Reflect back on a course you either taught or took as a student. Provide the title of the class and a brief outline of how the class was taught.

- How was the course taught, what were the methods of instruction?
- Were the methods effective or not?
- Were the purposes and objectives clear?
- Did you know what was expected of you?

2. After reading the information in Module 1, write the modifications or changes you would suggest making that course more effective for adult students. Please provide the reasoning behind changes or modifications you suggest.

Module 2: Communications

Performance Objectives for Module 2

- Given information regarding theories of communication the student will describe three basic elements of two theories. The descriptions will be successful if the student can correctly answer at least 80% of the questions correctly on a written examination and complete the activity.

- Given information regarding the basic elements of communication the student will list three elements. The listing will be considered successful if the student can correctly answer at least 80% of the questions correctly on a written examination and completes the activity.

- Given information in this module the student will describe verbal and non-verbal communication and how to use them effectively to establish trust and relationships. The description will be considered successful if the student can correctly answer at least 80% of the questions correctly on a written examination and completes the activity.

- Given information on active listening the student will describe active listening and its importance. The description will be considered successful if the student correctly answers at least 80% of the questions correctly on a written examination and completes the activity.

Introduction to Module 2

Communication is the exchange of information, and can be performed through many mediums. Communication is a process in which a person, through the use of signs (natural, universal)/symbols (by human convention), verbally and/or non-verbally, consciously or not consciously but intentionally, conveys meaning to another in order to affect change.

People often think of studies of communication only relating to public speaking. However, communication science actually covers oral interpretation, interpersonal communication, small group communication, and mass communication. Scholars noted that, as important as public speaking is, there are other forms of human communication that are also important and deserving of study. Now the discipline also encompasses

intercultural communication, gender and communication, organizational communication, performance studies, educational communication, family communication, health communication, political communication, and the study of communication in other specific contexts.

This course only provides a brief discussion of communication with tips and tools on how to avoid some of the most common pitfalls associated with relaying meanings and messages.

Theories on Communication

Eric Berne's Transactional Analysis theory is that the brain acts like a tape recorder. There is a permanent record of all experiences one has in the brain. The specific event may not be consciously remembered, but the brain holds all the records. This theory holds that all interactions in communication are guided based on the sum of all experiences. Eric Berne believed verbal communication is the main factor in social relationships. Basic communication begins when people meet and one of them speaks to the other. This initial interaction is called the Transaction Stimulus, and the person who first spoke is called the Agent. The reply from the person spoken to is called the Transaction Response and that person is called the Respondent.

Berne felt that each person's psyche is made up of three alter ego states; the parent, adult, and child.
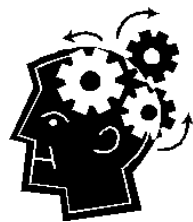
The parent is the internal authoritative voice. This alter ego is made up of a large number of interactions from conditioning from any person in our past that was accepted to be in

charge. Phrases that come from the parent typically begin with 'how to,' or 'you should,' or perhaps include the words 'always or never.' The parent voice can be either nurturing or scolding.

The child is the voice of how one reacts or feels about events that occur outside of our selves. When we allow anger or other emotions to overcome our reasoning, Berne felt this was a voice of our child. The child reacts to communications by feelings.

Our adult is the part of ourselves that has the ability to think and determine actions based on information we have received. The adult is charged with moderating the parent and the child ego states. The adult reacts to communications through thinking. Transactional analysis theory holds that communications can be complimentary or parallel. The lines do not cross such as:

Nurturing-

Parent Ego-"You should always clean your plate." Child Ego response, "Yes, I will do that."

Scolding-

Parent Ego- "I told you to watch where you were going or you would hurt yourself." Child Ego response, "You can't tell me what to do."

These communications are straight forward and the lines do not cross, however problems can arise when the communication paths cross. Such as the agent speaks as an adult (you are having chest pain and should go to the hospital) and the respondent responds as a child, (I'm not going). If this happens one can redirect the conversation by way of changing ego states. (i.e.: Parent ego-"you need to see a doctor, you may become critically ill." Child ego response, "OK, if you insist.")

If redirection is not possible, it may be necessary to end the conversation and pick it up again when both parties can respond in a more calm and adult manner. If a conflict occurs between you and one of your students, it is helpful to analyze the interaction and recognize which ego state both participants were operating from. A redirection of the

conversation may help situations to end calmly and to find a resolution that strengthens the relationship. This outcome will enhance learning in any setting.

Gender Differences

Gender plays an important role in how one communicates. Although, basing all communications differences as a result of gender differences may be dangerous, as with any stereotypical attribute. Author Dr. John Gray who wrote the book "Men are From Mars, Women are From Venus," depicted men as being solution oriented and women as process oriented. He theorized that men will try to find solutions to problems and women may just want to talk about them.

Dr. Lillian Glass a well respected authority in the fields of media psychology and communication spoke to many gender communication differences in her book, "He Says, She Says." Examples of the differences according she described were in body language, facial language, speech and voice patterns, and behavioral patterns.

Culture, Religion, and Communication in Education

 You may teach students of different culture and religious beliefs. Culture is defined as a set of values, beliefs, habits, customs and characteristics of a group of people that are passed from one generation to the next. Religion relates to spiritual beliefs, needs and practices. Religious and cultural beliefs influence communication and health beliefs and practices.

In the health care and educational field you must respect and accept students' culture and religious beliefs and understand how they impact student learning. Take time to learn about students' culture and religion. Different cultures have norms that vary from others. One culture may internalize direct eye contact as challenging, while another views this as paying attention. Knowledge will help you better understand students and enable better communication and transference of knowledge.

Control and Communication

Eric Berne the developer of Transactional Analysis also published a book titled "Games People Play." In this book he outlined his theory that people will in effect play games in an attempt to control situations for their ulterior motives. These games are dishonest in nature and have some dramatic qualities. Berne felt that the goal of game playing was to make the victim feel bad or negative about himself. Some of Berne's described games are outlined below. As a teacher, it is important to recognize if you are being drawn into a communication game so you can take steps to avoid the unpleasant outcomes resulting from the interactions.

Now I've Got You

This game is designed to set someone up so that when they fail they can be justifiably chastised. This game can be stopped by careful analysis from the intended victim who can identify failure in communication, thereby diffusing the situation.

Why Don't You...Yes But

The game player asks the victim for assistance but discounts all suggestions. The end result is the player will point out that the victim has not been helpful and perhaps should not have been asked. The victim feels frustrated and perhaps inadequate. Intended victims can redirect the game by asking the player what it is he or she would suggest as a resolution to their problem.

Water Cooler

This game is initiated by someone who wants to complain. They draw others into their game and a negative bashing session begins. No resolutions are sought. To counteract the sessions one can avoid becoming involved, or to stop the game before it has a chance to take hold by offering positive solutions or finalizing statements.

Let's You and Him Fight

This game involves at least three people. One person will set up a situation by telling another that someone has said something bad about the first person. The person who instigated the game then can sit back and enjoy the situation. However, after the conflict escalates the person who originally initiated the game can step in and act as a problem solver. This is the payoff, the game player reaps the benefits of having solved a problem. The best way to stop this game is to deal with conflict through honesty and direct communication with other employees or students.

Courtroom

This game happens often between siblings in a family. The parent is then asked to be the judge and the jury. Inevitably, the parent eventually is accused of liking one over the other. Supervisors can easily be caught in this game.   A resolution to stopping a game such as this is to redirect the responsibility of solving problems back to the participants.

Oral Communication

Did you hear what I thought I said?

Oral communication consists of the words you say. The way (inflection) in which we speak impacts the message in communication. A harsh voice may indicate anger, a distracted hesitant tone may indicate disinterest. If you speak loudly or use foul language, patients, families, or students may find the message insulting, disrespectful, or abusive.

In oral communication a "**sender**" has a **message** to relay to a "**receiver**." There are several areas in which a message can be skewed (the meaning changed) during this process. For example, the sender may deliver a message that is not clear. Use of **slang** or **jargon** or extraneous information may cloud the meaning of a message and the receiver may not grasp the intended meaning. Another frequent problem with oral communications is interference. Noise, activity, and stress levels of both sender and receiver can interfere with transmission of a clear message. Once a message is communicated there is a process of feedback. This process is also full of potential pitfalls. The receiver becomes a sender and the process begins all over.

"I told you to hold pressure on his forearm!"   "There was so much
noise I did not hear you!!!"

Consider this example of a miscommunication: Susan, a nurse aid in a large long term care facility, needed to tell her supervising nurse that Mrs. Jones has been sad and crying. Mrs. Jones confided in Susan that she wants to run away. Susan stopped her supervising nurse in the hall and said, "Mrs. Jones really has a problem that's not cool." Activity in the hall at that point in time included a loud conversation between two residents; another nurse aid was helping transfer a resident from a bed to a wheel chair in the room immediately to Susan's right. The door to the room was open and the resident was yelling "HELP." On Susan's left was the communal dining room in which residents are gathering for lunch. Susan's supervising nurse was looking into the room where the transfer was being performed with concern. He also had a dietary list in his hand and he occasionally glanced into the dining room and back to the list. He stated to Susan, "Let's talk later." Susan got the message that he was too busy to bother with Mrs. Jones's problem. After Susan's shift ended, Mrs. Jones left the facility and the EMS personnel had to be called to help find her.

Do you think the message was clearly stated by Susan as the sender? Did she make it clear that her issue was an immediate problem? Do you think the supervising nurse (receiver) heard the correct message? Did the noise and stress interference prevent proper transmission of the message? The feedback from the nurse supervisor was vague. Lets talk later could have been an hour from that time, or the next week. Also, the supervising nurse's frequent glances at the dietary sheet were sending a message non-verbally, it said I am too busy for this now, I cannot pay attention. If you pay close attention to communication, situations such as this can be prevented.

Communication in an emergency situation is extremely important. In an emergency response situation the patient and his or her family/significant others will be stressed. The people who respond to an emergency will be stressed. The scene may be

noisy and have a great deal of potential interference. Practice developing communication skills is an important process for health care providers.

Teaching adult students requires effective communication from the teacher. Students may or may not understand medical terminology or acronyms. It is very important to use lay terminology or to explain medical terminology when teaching novices in the health care field. Results of a 2002 study by the National Office of the Inspector General's office, of novice certified nursing assistant students indicated the respondents did not feel they learned information presented in class because of the use of medical terminology by teachers.

Adults in a class often are tired or stressed by life pressures. Clear and effective communication by the teacher is of utmost importance.

Use of Jargon or Terminology in Educational Communication

For communication to be effective, words must have the same meaning for both the sender and the receiver. You will learn terminology and jargon as you study and gain experience. If you use a technical word or term, provide students with the definition. They may be stressed and not able to comprehend all that you are saying to them; but avoid saying so for fear of looking silly in class. It is better to make sure students' know the terminology before class begins, and not expect them to look it up after class ends. Students may become so focused on the terminology and loose the meaning of your lesson.

When you communicate in class be brief, but concise, do not cloud the message with unrelated or unneeded information and make sure your message contains all information required to communicate your intended meaning, in a calm, logical and orderly manner. Student success depends upon your communication ability.

Non-Verbal Communication

The way your body moves during communication is called non-verbal communication. Gestures, facial expressions, posture, body movements, touch, and smell are examples of messages sent without words. Non-verbal messages are more accurate in displaying a person's true feelings than the spoken word. If you observe people when

they talk you can tell if they are angry, sad, or happy. In a communication your body

language is the message people believe.

Body Language
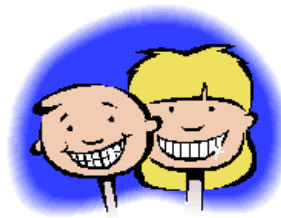
People send message through their body language. The three pictures above

express frustration, happiness, and anger or displeasure without words. Posture, gait,

facial expression, eye contact, hand movements, gestures, body movements, appearance

all convey messages. For example: someone with slumped posture and a frown could be

saying "I'm sad or upset."   They may also be saying, "I'm in pain or I am tired." One

really does not know the reason behind the posture, but we all make assumptions almost

unconsciously regarding messages received from body language. As a teacher your body

language must portray competence, enthusiasm, caring and a sincere interest in students,

other messages may result in a miscommunication and deter student learning.

Touch

Touch can convey comfort, love, caring, respect, and reassurance. However,

touch can mean different things to different people. A person's age, culture or spiritual

beliefs, life experiences, and gender determine how they feel about touch. Do not be

afraid to use touch in communicating, but make sure the person you are touching is

comfortable with your touch. You must be aware of individuals who do not like others in

their personal space. Try this experiment. When you first meet someone shake their

hand. They will hold their arm at a distance. This distance is often the area they are

comfortable with as a personal space. Any contact closer than the space indicated makes

them uncomfortable; they may not even be aware. You must be respectful of other's

space to develop relationships that are trustful and respectful, always ask permission

before touching someone.

Barriers to Effective Communication

1. You and the student must use and understand the same language. Speak in
    simple, everyday words. Do not use slang or occupational words without defining
    them, they may not be understood or professional.

2. Pat answers: may make the student feel their concerns, feelings, fears are not
    important.

1. "You'll be fine." "Now don't cry, it's alright."

2. Giving your opinion. Do not offer your opinion or give advice. This could be
    seen as judging values or beliefs. Giving medical advice is not in your scope
    practice.

3. Talking excessively, asking why then pretending to listen may demonstrate lack
    of interest in the student. Don't ask how they are if you don't have time to listen
    to the answer. Talking too much can lead to inappropriate responses and you
    might miss what the sender is trying to say.

Hearing Deficits

Hearing loss may range from a slight loss to complete deafness. A student with

hearing loss may have difficulty responding to others and/or speaking clearly. When

communicating with the hearing impaired do the following:

- Gain their attention, face them directly, the person may read lips.
- Let the person know you are there.
- Do not startle or approach the person from behind.
- Do not turn or walk away.

- Stand or sit in good light. This will allow the person to see your face.

- Speak clearly, distinctly, and slowly.

- Speak in a normal voice, do not shout.

- Do not cover your mouth, smoke, eat, or chew gum while talking, these activities can change mouth movement during speaking.

- Stand or sit on the side of the "good ear."

- Write out important messages.

- Reduce or eliminate background noise.

- If the person has a hearing aid make sure it is in and turned on and the volume is at an appropriate level.

Hearing Aids

Hearing aids amplify sound. They do not cure hearing loss.   A hearing aid makes sounds louder. All noises including speech and background noise are louder. People with hearing aids may have problems hearing in a noisy environment. Make sure students with hearing loss are seated in a spot in the classroom conducive to the best possible chances for hearing.

Techniques for Effective Communication

These techniques will help ensure effective communication and prevent miscommunication, or inaccurate transference of an intended message. Practice these techniques to become an effective speaker and listener.

1. Be a good listener by actively listening-this gives people a feeling of worth and develops respectful relationships.
1. Be attentive to the person's verbal and non-verbal communication, really listen to what they are saying.
2. Face the person.
3. Have good eye contact.
4. Respond to the person.
2. Paraphrasing: restating the message received. It shows you are listening and indicates if the message was understood. It also promotes further communication because the person will respond to your statements.

3. Open-ended questions-questions that require more than a yes/no answer lead or invite a person to share thoughts, and feelings.

4. Clarifying make sure you understood the message as the sender intended. You can ask the person to restate the message if the meaning you got was wrong.

5. Focusing, dealing with a specific topic, helps to prevent clouding of issues. Maintaining focus in an educational situation may be a challenge as there may be a great deal of activity and noise going on.

6. Silence allows time to think, it can allow time for thoughts to be organized.

Module 2 Quiz

Fill in the blank(s) or mark the letter of the correct answer for each question below:

1. Eric Berne's theory of communication describes differences between males and females in communication.
    A. True
    B. False

2. A teacher should always be communicating from the Parent Ego.
    A. True
    B. False

3. Men and women's communication in the classroom is the same since the setting requires standardization of terminology.
    A. True
    B. False

4. As a teacher, understanding a student's culture will help you evaluate his or her learning.
    A. True
    B. False

5. In an adult classroom you will need to be aware of communication games in order to control the learning environment. List two potential communication games in which students may engage.

    _____   _____

6. The three elements of an oral communication are:
    A. sender, messenger, receiver
    B. sender, meaning, words
    C. sender, message, receiver
    D. receiver, message, communication

7. It is the students' responsibility to look up medical terminology in a health care class so they will know the language.
    A. True
    B. False

8. High stress situations improve communication since it is so important in a positive resolution.
    A. True
    B. False

9. People believe more of what you say, than how you say it.
    A. True
    B. False

10. People with hearing aids can hear in any situation.
    A. True
    B. False

11. List three techniques to use for effective communication.
_____ _____

_____

Module 2 Activity

1. Reflect back on a miscommunication you have experienced in the recent past.

    A. Describe the miscommunication and discuss ramifications of theory that applies

    as you have learned in this class.

    B. Describe the elements in the communication.

    C. Discuss where the miscommunication occurred, and the causes.

    D. Discuss effective communication strategies that might have prevented the

    miscommunication and how you would have used them.